

POSITION	INITIALS	ID NO.	DATE
	<i>Ch</i>	<i>62614</i>	<i>12/1/95</i>
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>E.H.</i>	<i>60125</i>	<i>12/17/93</i>
<b>RESPONSE FORMALITY REVIEW</b>			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	12/24/02
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12	✓	✓	12/1/03
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21	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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